

Procter & Gamble - I.P. Division

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IMPORTANT CONFIDENTIALITY NOTICE

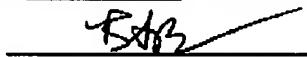
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**FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

TO: Examiner S. T. Chaudhry - United States Patent and Trademark Office

Fax No. 703-872-9306 Phone No. 571-272-1298

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on April 19, 2005, to the above-identified facsimile number.

 (Signature)

FROM: Brent M. Peebles, Esq.

Fax No. 513-627-8118 Phone No. 513-627-6773

Listed below are the item(s) being submitted with this Certificate of Transmission:**

1) Fee Transmittal Sheet (In dup.)

Inventor(s): Giacobbi et al.

2) Petition for Extension of Time (In dup.)

S.N.: 10/003,562

Number of Pages Including this Page: 5

Filed: October 24, 2001

Case: CM2441

Comments:

OFFICIAL PAPERS

**Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

| | | | |
|---|--|--------------------------|------------------|
| FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004 | | Complete if Known | |
| | | Application Number | 10/003,562 |
| | | Confirmation Number | 5057 |
| | | Filing Date | October 24, 2005 |
| | | First Named Inventor | Giacobbi et al. |
| | | Examiner Name | S. T. Chaudhry |
| | | Art Unit | 1746 |
| TOTAL AMOUNT OF PAYMENT (\$) 120.00 | | | |
| Attorney Docket No. CM2441 | | | |

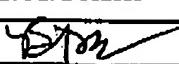
| METHOD OF PAYMENT | | | FEES CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------------------------|---|---|-----------------------|------------------------|---|--|----------------------------------|--|----------------------------------|--|--|--|------------------------------------|--|------------------------------------|--------------------------------------|----------------------------------|---|---|--|---------------------------------|---------------------------|----------------------------------|------------------|----------------------------------|--|----------------------------------|--|------------------------------------|---|------------------------------------|--------|--------------------------|---------|--|--|---|------------------------|--|--|--|--|--|--|--|
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company | | | 5. ADDITIONAL FEES <table border="0"> <thead> <tr> <th><u>Fee Description</u></th> <th><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | <u>Fee Description</u> | <u>Fee Paid</u> | Extension for reply within 1 st month | (\$120) <input type="checkbox"/> | Extension for reply within 2 nd month | (\$450) <input type="checkbox"/> | Extension for reply within 3 rd month | (\$1,020) <input type="checkbox"/> | Extension for reply within 4 th month | (\$1,590) <input type="checkbox"/> | Extension for reply within 5 th month | (\$2,160) <input type="checkbox"/> | Information Disclosure Statement fee | (\$180) <input type="checkbox"/> | 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional) | (\$130) <input type="checkbox"/> | 37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet | (\$50) <input type="checkbox"/> | Non-English specification | (\$130) <input type="checkbox"/> | Notice of Appeal | (\$500) <input type="checkbox"/> | Filing a brief in support of an appeal | (\$500) <input type="checkbox"/> | Request for oral hearing | (\$1,000) <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> | Other: | <input type="checkbox"/> | | | | | | | | | | | | |
| <u>Fee Description</u> | <u>Fee Paid</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 1 st month | (\$120) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 2 nd month | (\$450) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 3 rd month | (\$1,020) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 4 th month | (\$1,590) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 5 th month | (\$2,160) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information Disclosure Statement fee | (\$180) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional) | (\$130) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet | (\$50) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English specification | (\$130) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Filing a brief in support of an appeal | (\$500) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request for oral hearing | (\$1,000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. BASIC FILING FEE - Large Entity <table border="0"> <thead> <tr> <th><u>FILING FEE</u></th> <th><u>SEARCH FEE</u></th> <th><u>EXAMINATION FEE</u></th> </tr> </thead> <tbody> <tr> <td><u>Application</u></td> <td></td> <td></td> </tr> <tr> <td>Type</td> <td></td> <td><u>Fee Paid</u></td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> </tr> <tr> <td></td> <td></td> <td>(\$200)</td> </tr> <tr> <td></td> <td></td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> </tr> <tr> <td></td> <td></td> <td>(\$130)</td> </tr> <tr> <td></td> <td></td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> </tr> <tr> <td></td> <td></td> <td>(\$600)</td> </tr> <tr> <td></td> <td></td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table> | | | <u>FILING FEE</u> | <u>SEARCH FEE</u> | <u>EXAMINATION FEE</u> | <u>Application</u> | | | Type | | <u>Fee Paid</u> | Utility | (\$300) | (\$500) | | | (\$200) | | | (Total = \$1000) <input type="checkbox"/> | Design | (\$200) | (\$100) | | | (\$130) | | | (Total = \$430) <input type="checkbox"/> | Reissue | (\$300) | (\$500) | | | (\$600) | | | (Total = \$1400) <input type="checkbox"/> | Provisional filing fee | | | | | (Total = \$200) <input type="checkbox"/> | | |
| <u>FILING FEE</u> | <u>SEARCH FEE</u> | <u>EXAMINATION FEE</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Application</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | | <u>Fee Paid</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | (\$300) | (\$500) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (\$200) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (Total = \$1000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | (\$200) | (\$100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (\$130) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (Total = \$430) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | (\$300) | (\$500) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (\$600) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (Total = \$1400) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (Total = \$200) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="0"> <thead> <tr> <th><u>Extra Claims</u></th> <th><u>Fee from Below</u></th> <th><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$0) | | | <u>Extra Claims</u> | <u>Fee from Below</u> | <u>Fee Paid</u> | Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/> | | | SUBTOTAL(5) (\$120) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Extra Claims</u> | <u>Fee from Below</u> | <u>Fee Paid</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|---------------------|-------------------------|-----------------------------------|---------------------------------|--------------------------|
| SUBMITTED BY | | | Complete (if applicable) | |
| Name (Print/Type) | Brent M. Peebles | Registration No. (Attorney/Agent) | 38,576 | Telephone (513) 627-6773 |
| Signature | <i>Brent M. Peebles</i> | | Date | April 19, 2005 |

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT

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| | | Examiner Name | S. T. Chaudhry |
| | | Art Unit | 1746 |
| TOTAL AMOUNT OF PAYMENT (\$) | 120.00 | Attorney Docket No. | CM2441 |

| METHOD OF PAYMENT | | | FEES CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------|--|---------------------|------------------------|------------------------|--|--|--|----------------------------------|--|---|--|------------------------------------|--|---|--------------------------------------|----------------------------------|---|---|--|---------------------------------|---------------------------|----------------------------------|------------------|----------------------------------|--|--|--------------------------|------------------------------------|---|------------------------------------|--------------|--------------------------|--|---|--|--|------------------------|--|--|--|--|
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| Information Disclosure Statement fee | (\$180) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. BASIC FILING FEE - Large Entity <table> <thead> <tr> <th></th> <th><u>FILING FEE</u></th> <th><u>SEARCH FEE</u></th> <th><u>EXAMINATION FEE</u></th> </tr> </thead> <tbody> <tr> <td><u>Application</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Type</td> <td></td> <td></td> <td><u>Fee Paid</u></td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$200)</td> </tr> <tr> <td></td> <td colspan="3">(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> </tr> <tr> <td></td> <td colspan="3">(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$600)</td> </tr> <tr> <td></td> <td colspan="3">(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td colspan="3">(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table> | | | | <u>FILING FEE</u> | <u>SEARCH FEE</u> | <u>EXAMINATION FEE</u> | <u>Application</u> | | | | Type | | | <u>Fee Paid</u> | Utility | (\$300) | (\$500) | (\$200) | | (Total = \$1000) <input type="checkbox"/> | | | Design | (\$200) | (\$100) | (\$130) | | (Total = \$430) <input type="checkbox"/> | | | Reissue | (\$300) | (\$500) | (\$600) | | (Total = \$1400) <input type="checkbox"/> | | | Provisional filing fee | (Total = \$200) <input type="checkbox"/> | | | |
| | <u>FILING FEE</u> | <u>SEARCH FEE</u> | <u>EXAMINATION FEE</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Application</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | | | <u>Fee Paid</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | (\$300) | (\$500) | (\$200) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (Total = \$1000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | (\$200) | (\$100) | (\$130) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (Total = \$430) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | (\$300) | (\$500) | (\$600) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (Total = \$1400) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional filing fee | (Total = \$200) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEES Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table> <thead> <tr> <th></th> <th><u>Extra Claims</u></th> <th><u>Fee from Below</u></th> <th><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td><input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims</td> <td><input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p><u>Fee Description</u></p> <p>Claims in excess of 20 (\$50 per claim)</p> <p>Independent claims in excess of 3 (\$200 per claim)</p> <p>Multiple dependent claim, if not paid (\$360)</p> <p>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)</p> <p>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p> | | | | <u>Extra Claims</u> | <u>Fee from Below</u> | <u>Fee Paid</u> | Total Claims | <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | Independent Claims | <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | Multiple Dependent claims: | <input type="checkbox"/> = <input type="checkbox"/> | | | SUBTOTAL (4) (\$0) | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>Extra Claims</u> | <u>Fee from Below</u> | <u>Fee Paid</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent claims: | <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | SUBTOTAL (5) (\$120) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------------|---|-----------------------------------|--------|--------------------------|
| SUBMITTED BY | | Complete (if applicable) | | |
| Name (Print/Type) | Brent M. Peebles | Registration No. (Attorney/Agent) | 38,576 | Telephone (513) 627-6773 |
| Signature |  | | | |
| | | | Date | April 19, 2005 |

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: U.S. Patent and Trademark Office, P. O. Box 1450, Alexandria, VA 22313-1450.

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| I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being submitted as indicated below: | |
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| Printed Name | 38,576 |
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| Signature | |
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| Date | |

RECEIVED
CENTRAL FAX CENTER
APR 19 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/003,562
 Applicant(s) : Giacobbi et al.
 Filed : October 24, 2001
 Title : Compositions And Methods For Treating Surfaces
 TC/A.U. : 1746
 Examiner : S. T. Chaudhry
 Conf. No. : 5057
 Docket No. : CM2441
 Customer No. : 27752

PETITION FOR EXTENSION OF TIME PURSUANT TO 37 C.F.R. § 1.136(a)

Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows:

| | | |
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| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | <u>\$120.00</u> |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ |

The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 16-2480.

A duplicate copy of this petition is enclosed.

Respectfully submitted,

THE PROCTER & GAMBLE COMPANY

By *B.M.P.*

Signature

Brent M. Peebles
 Registration No. 38,576
 (513) 627-6773

Date: April 19, 2005
 Customer No. 27752

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| Name: | 38,576 |
| Name: | <i>Brent M. Peebles</i> |
| Signature: | |
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